



State of Louisiana
Department of Revenue
Cynthia Bridges, Secretary



Troy Hebert
Commissioner

Bobby Jindal

REPLACEMENT FORM
(Please Print)

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

DL or ID#: _____ SS Number: _____

Date of Birth: _____

**THIS FORM MUST BE NOTARIZED AND ACCOMPANIED WITH A \$5.00 MONEY ORDER
MADE PAYABLE TO: LOUISIANA OFFICE OF ALCOHOL & TOBACCO CONTROL.**

SERVER'S SIGNATURE

DATE

NOTARY SIGNATURE

DATE

For special return mailing at your cost, please choose a delivery method from the list below. If one is not chosen, permit will be sent regular mail.

_____ **USPS Priority: please contact local post office for cost**

_____ **Fed Ex: please include prepaid envelope or online sticker**

_____ **UPS: please include prepaid envelope or online sticker**

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